The state of the s		···
Please type a plus sign (+) inside this box	>	+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

 □ Declaration Submitted with Initial

Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Polita to a concentration of anterior					
Attorney Docket Nun	nber	BIOT 100	1		
First Named Inventor		Carl Arne Krister Borrebaeck			
COMPLE	TE IF	KNOWN			
Application Number					
Filing Date	Ma	arch 16, 2001			
Group Art Unit					
Examiner Name			Ī		

As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if onl oject matter which is	y one name is listed below) claimed and for which a pa	or an original, firs tent is sought on t	t and joint inven he invention ent	tor (if plural itled:		
METHODS OF MAKING AND USING MICROARRAYS OF BIOLOGICAL MATERIALS							
the specification of which		(Title of the Invention)					
✓] is attached hereto  OR		as United S	States Application I	Number or PCT	International		
was filed on (MM/DD/YYYY)				(ir	f applicable).		
Application Number	and wa	as amended on (MM/DD/YY	YY)	(,	app		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country	Foreign Filing Dat		Certified Copy Attached? YES NO			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO		
006425.3	GB	03/17/2000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY)		Date (MM/DD/YYYY)	Additional provisional application				
)/192,256	03/27/20	000	numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

**DECLARATION** — Utility or Design Patent Application

Direct all corrected ance to:	ustomer Nur Bar Code L				ORV	Correspondence address below
Name Patrea L. Pabst; Arn	all Golde	en & Gre	egory, L	LP		
Address 2800 One Atlantic Cen	ter	· · · · · · · · · · · · · · · · · · ·			and the second s	
1201 West Peachtree S	treet					
Atlanta City				State	GA	ZIP 30309-3450
Country USA		Telephone	(404)	873-87	794	(404) 873-8795
I hereby declare that all statements mad are believed to be true; and further that made are punishable by fine or imprison validity of the application or any patent is	these state ment, or bo	ments were th, under 1	e made wi	th the kn	owledge that will	ul false statements and the like so
NAME OF SOLE OR FIRST INVI	ENTOR:			A petiti	on has been fi	ed for this unsigned inventor
Given Name Carl Arne (first and middle [if any])	Krister			Family I		aeck
Inventor's Signature		······································				Date
Residence: City Hjarup			State		Country SE	Citizenship SE
Mailing Address Attevagen 8B						
Mailing Address						
City Hjarup	State			ZIP S	SE-245 62	Country SE
NAME OF SECOND INVENTOR				A petiti	ion has been fi	led for this unsigned inventor
Given Name Roland (first and middle [if any])				Family l		son
Inventor's Signature						Date
Residence: City			State		Country	Citizenship SE
Mailing Address Stenaldersvagen 99						
Mailing Address						
City Lund	State			ZIP 2	26 54	Country SE
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

+

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

<b>POWER</b>	OF AT	<b>CORNE</b>	Y OR
<b>AUTHOR</b>	IZATIO	N OF A	GENT

Application Number	
Filing Date	March 16, 2001
First Named Inventor	Carl Arne Krister Borrebaeck
Group Art Unit	
Examiner Name	
Attorney Docket Number	BIOT 100

i hereby app	ooint:						Dla	ce Customer		
Practiti	oners at C	ustomer N	lumber			<b>→</b>		mber Bar Code		
OR						Ĺ	Lab	oel here		
Practition	oner(s) na	med belov	v:						1	
		Nan	ne		01.0	Registra	tion_N	umber		
	trea L. Pa					31,284				
ZI	naoyang I	<u>.1</u>			40,	46,872				
					+					
1			,	ap. 3. Mile 10		***	Alte			
as mv/our att	ornev(s) o	r agent(s)	to prosecut	e the application	identif	ied above,	and to	transact all		
business in the	ne United	States Pa	tent and Tra	demark Office co	nnecte	ed therewit	:h.		Ì	
Please chang	e the corre	espondenc	e address f	or the above-ider	ntified a	application	to:		]	
			ner Number							
OR			<u>.</u>							
Firm or		Patrea L	. Pabst;	Arnall Golden	& Gre	egory, LL	P			
Individual Address	<u>Name</u>	2800 Oı	ne Atlantic	Center						
Address			est Peachtr							
City		Atlanta			State	GA		Zip 30309-	·3450	
Country		USA				· · · · · · · · · · · · · · · · · · ·				
Telephone		(404) 8'	73-8794		Fax	(404) 87	3-879	05		
I am the:			I I							
Applic	ant/Invent	or.								
					24					
✓ Assig	nee of reco	ord of the	entire intere	est. See 37 CFR : nclosed. (Form F	3.77. PTO/SE	3/96).				
State	ment unde									
				opplicant or Assig	nee or	Record			······································	
Name	BioI	nvent Inte	ernational A	AB						
Signature			! !	A. A. A.						
Date										
NOTE: Signatures of forms if more than of	of all the inve	ntors or ass	gnees of recor see below*.	rd of the entire intere	st or thei	r representat	ive(s) a	re required. Subm	it multiple	
*Total of1		rms are sub								
			I							